than digitalis, etc., are strong laboring heart impulse and a rapid pulse. The latter with cardialgia also requires aconite. But a rapid pulse of high tension often indicates commencing heart disease following primary kidney disease. Veratrum viride is more satisfactory under these conditions, through its specific dilatation of the arterioles in addition to slowing heart action. In acute parenchymatous degeneration, as that due to diphtheria, with digestion and dissolution of muscle (cardiac) tissue, and of the muscular walls of the arteries, blood-pressure is lowered and continues progressively until death. Surface pallor is characteristic of this condition. Digitalis in these conditions is very mischievous. To produce its contractile effect it must act on nearly normal muscle fibre. With degenerated fibres, either fatty or parenchymatous (diphtheria), or from weakening of fever toxins (typhoid), it is powerless. The general effect of digitalis is to diminish the size of the heart's cavities. Therefore, when the heart walls are overdilated too much residual blood remains after each systole, from inability of the muscle to contract. In the cardiac weakness of diphtheria alcohol is indicated in large doses, also strychnine and caffeine; camphor, eight grains, hypodermatically in sterilized oil, twenty minims, repeated as occasion requires. The same are indicated in rheumatic heart-failure. Indications for stopping aconite and giving other sedatives, with a change to stimulants, are: Feeble heart beat, with cold extremities. Following a severe rheumatic attack long rest in bed, especially in children, is of great value. Continuous exhibition of aconite often prevents a subsequent endocarditis. Pericarditis, followed by adhesions to the chest-wall, prevent the heart from fully contracting; then result great dyspnœa, general valvular incompetence, and dropsy. Strapping the left chest firmly gives great relief. For the cardialgia, belladonna is serviceable, allaying spasm and restoring normal rhythm. It is often useful in mitral stenosis. Myocarditis is a common cause of failure of compensation after middle life. It precedes valvular incompetence in many instances. Gastric and intestinal flatus, with or without ascites, embarrasses the heart. Sodium benzoate, ten grains thrice daily, is useful; sodium phosphate, two drachms in a tumblerful of water each morning. Blue pill once every four nights, with half an ounce of sodium phosphate next morning, acts well as a laxative. No diuretics can equal rectal irrigation with decinormal saline solution, four gallons at 110° F. (Kemp's irrigator). For these patients digitalis is invaluable; in dilatation following hypertrophy, with mitral regurgitation, etc., half an ounce of the infusion of digitalis every four hours for three days is to be followed by thirty drops of a mixture of equal parts cf the tinctures of digitalis, strophanthus, and nux vomica. Nitroglycerin should be given with each dose of digitalis, to counteract increased arterial tension. If the three tinctures are not borne by the stomach give the following: Sparteine sulphate, one grain; powdered squill, half a grain; citrate of caffeine, one and a half grains; strychnine, one-thirtieth of a grain. Permanent improvement comes from restoration of nutrition and not from stimulation of function. Fresh air is of the greatest use in restoring damaged muscles to health. Iron in chronic heart disease helps to oxygenate the blood and improve nutrition. Chronic endarteritis can be treated with corrosive sublimate, one twenty-fourth of a grain three times a day for a week at a time; omit for a fortnight. Sodium is preferable to potassium iodide, for potash is depressing to the heart. It should regularly be used in chronic enlargement of the heart, with arteriosclerosis. Oertel's mountain climbing, Schott's baths, etc., are often very useful. The latter open closed arterioles by cutaneous stimulation, and thus lessen arterial tension; relief for the heart follows.—*Medical Record*, 1900, No. 1532, p. 441.

Puerperal Septicæmia: Bacteriology and Serum Treatment.—DR. L. A. HERING, following a bacteriological *résumé*, discusses serum treatment. He believes it to fail: 1. Because old serum is used. 2. Antistreptococcic serum is useful only against streptococci; in a mixed infection it must be of no avail. 3. Delay in commencing treatment and insufficient doses. 4. Overstimulation of the patient. Uterine detritus is to be removed by curettage and diluting with weak bichloride solutions, and the introduction of a single strip of iodoform gauze. Pus, if within reach, is always to be evacuated per vaginal incision. Morphine is contraindicated. Quinine impairs the oxygenation of the blood, but it increases phagocytosis; it is best not to administer it. Patients are to be cautiously stimulated; too much alcohol and strychnine act as depressants. Antistreptococcus serum is the main medicinal reliance. The serum favors phagocytosis.—*New York Medical Journal*, 1900, No. 14, p. 493.

Alcohol Compresses in the Treatment of Peritonitis.—DR. SEHRWALD saturates compresses with 96 per cent. alcohol and covers the whole abdomen; over these a waterproof material is laid on cold, wet compresses above all; this lessens the tenderness of the abdomen. The results observed were cessation of the vomiting, strengthening of the heart, and improvement of the general condition. Later came relief of pain and return of appetite, with diminution of fever.—*Therapeutische Monatshefte*, 1900, Heft. v., S. 243.

The Topical Treatment of Articular Rheumatism.—DOTT. F. BATTISTINI presents a valuable *résumé* of the literature. Of course, pure oil of wintergreen or the synthetic methyl salicylate may be applied to the painful joint and covered with cotton and rubber tissue. To prevent the odor, which after a time becomes disagreeable, an ointment may be employed as follows: Methyl salicylate, 3; liquid vaseline, 5. Salicylic acid possesses the advantage of being inodorous, but it produces reddening of the skin and, after a time, desquamation. The following is recommended: Salicylic acid, 4; sodium salicylate, 3; extract of belladonna, 1; vaseline, 25. A 10 per cent. solution in vasogen is also efficient. More rapid absorption of the salicylate, as shown by its excretion in the urine as salicylic acid, is obtained if an animal fat is substituted for vaseline or glycerin. For this the following formula is eligible: Salicylic acid, 10; lanolin, 10; oil of turpentine, 10; lard, 100. Sodium salicylate, salol, and salacetol are less trustworthy, but may be utilized as follows: Salol, 8; menthol, 5; ether, 8; lanolin, 60. This is especially useful in so-called gonorrhœal rheumatism. Guaiacol, either pure or in alcoholic solution or associated with menthol or terpinol, is sometimes satisfactory. For instance: Guaiacol, 4; terpinol, 10; 85 per